

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Corporation Political Action Committee

ADDRESS (number and street) ▼

901 15th Street, NW

Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Joseph Schwan

Signature of Treasurer

Mr. Joseph Schwan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		56284.59
(b) Cash on Hand at Beginning of Reporting Period.....	37844.87	
(c) Total Receipts (from Line 19)	5102.99	108519.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42947.86	164804.24
7. Total Disbursements (from Line 31)	-1000.00	120856.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43947.86	43947.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4413.79

65900.98

(ii) Unitemized

689.20

42618.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5102.99

108519.65

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5102.99

108519.65

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5102.99

108519.65

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5102.99

108519.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	8856.38
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	93500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	-1000.00	18500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-1000.00	120856.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-1000.00	120856.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5102.99	108519.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5102.99	108519.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Regina Atkins

Mailing Address 2133 Silver Linden Ln

City	State	Zip Code
Buffalo Grove	IL	60089-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : 20151208143140-53

Amount of Each Receipt this Period

21.84

Full Name (Last, First, Middle Initial)

B. Regina Atkins

Mailing Address 2133 Silver Linden Ln

City	State	Zip Code
Buffalo Grove	IL	60089-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : 2016010711430-24

Amount of Each Receipt this Period

21.84

Full Name (Last, First, Middle Initial)

c. Michael J Baughman

Mailing Address 5343 N Lakewood Ave

City	State	Zip Code
Chicago	IL	60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : 20151208143140-67

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

143.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J Baughman

Mailing Address 5343 N Lakewood Ave

City State Zip Code
Chicago IL 60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-35

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William Kevin Beckham

Mailing Address 1224 Grace Ln

City State Zip Code
Mountain Home AR 72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-6

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William Kevin Beckham

Mailing Address 1224 Grace Ln

City State Zip Code
Mountain Home AR 72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-5

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mariko Bennett

Mailing Address 1772 Dryden Way

City State Zip Code
Crofton MD 21114-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-18

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Mariko Bennett

Mailing Address 1772 Dryden Way

City State Zip Code
Crofton MD 21114-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-17

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Edwin A Betancourt

Mailing Address 2704 Oakmont Ct

City State Zip Code
Weston FL 33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1447.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-21

Amount of Each Receipt this Period

55.97

SUBTOTAL of Receipts This Page (optional)..... ►

85.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin A Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1447.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : 2016010711430-20

Amount of Each Receipt this Period

55.97

Full Name (Last, First, Middle Initial)

B. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Dir, Program Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : 20151208143140-11

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Dir, Program Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : 2016010711430-21

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paulo Bolgar

Mailing Address PO Box 747

BAXTER EXPAT ADMIN

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-124

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paulo Bolgar

Mailing Address PO Box 747

BAXTER EXPAT ADMIN

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-93

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Linda K Boltz

Mailing Address 315 Park Dr

City

Palatine

State

IL

Zip Code

60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-129

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda K Boltz

Mailing Address 315 Park Dr

City State Zip Code
 Palatine IL 60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-98

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-151

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-119

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jan M Brase

Mailing Address 15 Manitoba Woods Ln

City State Zip Code
 Spencerport NY 14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corporation

Occupation
 Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-175

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jan M Brase

Mailing Address 15 Manitoba Woods Ln

City State Zip Code
 Spencerport NY 14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corporation

Occupation
 Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-177

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Tywnia Brewton

Mailing Address 36214 N Back Bay Ct

City State Zip Code
 Gurnee IL 60031-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corporation

Occupation
 Sr Mgr, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-147

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tywnia Brewton

Mailing Address 36214 N Back Bay Ct

City State Zip Code
 Gurnee IL 60031-4505

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-117

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Sebastian J Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
 Vernon Hills IL 60061-2572

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1867.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-155

Amount of Each Receipt this Period

72.12

Full Name (Last, First, Middle Initial)

C. Sebastian J Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
 Vernon Hills IL 60061-2572

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1867.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-125

Amount of Each Receipt this Period

72.12

SUBTOTAL of Receipts This Page (optional)..... ►

154.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph J Burkard

Mailing Address 26W600 Churchill Rd

City	State	Zip Code
Winfield	IL	60190-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Global IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-161

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joseph J Burkard

Mailing Address 26W600 Churchill Rd

City	State	Zip Code
Winfield	IL	60190-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Global IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-172

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Gavin Campbell

Mailing Address 14295 W Lyle Ct

City	State	Zip Code
Libertyville	IL	60048-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - US BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-125

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gavin Campbell

Mailing Address 14295 W Lyle Ct

City State Zip Code
 Libertyville IL 60048-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - US BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-94

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Pamela G Carroll

Mailing Address 1694 Halls Chapel Rd

City State Zip Code
 Alexandria AL 36250-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Renal Clinical Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-111

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Pamela G Carroll

Mailing Address 1694 Halls Chapel Rd

City State Zip Code
 Alexandria AL 36250-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Renal Clinical Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-81

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laureen Marie Cassidy

Mailing Address 1721 Dewes St

City
Glenview

State
IL

Zip Code
60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-138

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Laureen Marie Cassidy

Mailing Address 1721 Dewes St

City
Glenview

State
IL

Zip Code
60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-108

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Eileen Cherry Clark

Mailing Address 120 Roslyn Rd

City
Barrington

State
IL

Zip Code
60010-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BCU, Sr Relationship Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-158

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eileen Cherry Clark

Mailing Address 120 Roslyn Rd

City State Zip Code
 Barrington IL 60010-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation BCU, Sr Relationship Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-167

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mark Coin

Mailing Address 1006 S St NW

City State Zip Code
 Washington DC 20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1242.50

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-16

Amount of Each Receipt this Period

48.07

Full Name (Last, First, Middle Initial)

c. Mark Coin

Mailing Address 1006 S St NW

City State Zip Code
 Washington DC 20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1242.50

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-15

Amount of Each Receipt this Period

48.07

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

106.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryan J Cox

Mailing Address 1213 Prairie Ave

City State Zip Code
 Barrington IL 60010-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : 20151208143140-38

Amount of Each Receipt this Period

9.90

Full Name (Last, First, Middle Initial)

B. Bryan J Cox

Mailing Address 1213 Prairie Ave

City State Zip Code
 Barrington IL 60010-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : 2016010711430-150

Amount of Each Receipt this Period

9.90

Full Name (Last, First, Middle Initial)

c. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City State Zip Code
 San Juan PR 00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : 20151208143140-2

Amount of Each Receipt this Period

59.09

SUBTOTAL of Receipts This Page (optional)..... ►

78.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 69

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-10

Amount of Each Receipt this Period

59.09

Full Name (Last, First, Middle Initial)

B. Charles W Cush

Mailing Address 815 N Webster St

City

Naperville

State

IL

Zip Code

60563-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-132

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Charles W Cush

Mailing Address 815 N Webster St

City

Naperville

State

IL

Zip Code

60563-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-102

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Michael Cutter

Mailing Address 2532 Macero St

City State Zip Code
 Roseville CA 95747-5000

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Portfolio Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-34

Amount of Each Receipt this Period

9.13

Full Name (Last, First, Middle Initial)

B. Jeffrey Michael Cutter

Mailing Address 2532 Macero St

City State Zip Code
 Roseville CA 95747-5000

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Portfolio Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-146

Amount of Each Receipt this Period

9.13

Full Name (Last, First, Middle Initial)

C. Salvatore S Dadouche

Mailing Address 868 Interlaken Dr

City State Zip Code
 Lake Zurich IL 60047-1338

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-134

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Salvatore S Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-104

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeffrey B Davis

Mailing Address 8931 Sunflower Ave

City

Rancho Cucamonga

State

CA

Zip Code

91701-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-149

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Jeffrey B Davis

Mailing Address 8931 Sunflower Ave

City

Rancho Cucamonga

State

CA

Zip Code

91701-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-121

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence E Davis

Mailing Address 8768 Gum Tree Cv

City State Zip Code
Cordova TN 38018-7659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-177

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lawrence E Davis

Mailing Address 8768 Gum Tree Cv

City State Zip Code
Cordova TN 38018-7659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-176

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Philip C Duplantis

Mailing Address 1704 College St

City State Zip Code
Cleveland MS 38732-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-170

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip C Duplantis

Mailing Address 1704 College St

City State Zip Code
Cleveland MS 38732-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-164

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kathryn T Edinger

Mailing Address 1122 N Clark St
Apt 3810

City State Zip Code
Chicago IL 60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director, ICNet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-55

Amount of Each Receipt this Period

18.65

Full Name (Last, First, Middle Initial)

C. Kathryn T Edinger

Mailing Address 1122 N Clark St
Apt 3810

City State Zip Code
Chicago IL 60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director, ICNet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-23

Amount of Each Receipt this Period

18.65

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

47.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jodie L Ehler

Mailing Address 813 6th Lane Fi

City

Fox Island

State

WA

Zip Code

98333-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : 20151208143140-46

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jodie L Ehler

Mailing Address 813 6th Lane Fi

City

Fox Island

State

WA

Zip Code

98333-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2015					

Transaction ID : 2016010711430-127

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Denise Marie Ehnen

Mailing Address 8871 Little Creek Dr

City

Roseville

State

CA

Zip Code

95661-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : 20151208143140-32

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise Marie Ehnen

Mailing Address 8871 Little Creek Dr

City

Roseville

State

CA

Zip Code

95661-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-144

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Eric K Elliott

Mailing Address 7402 Swan Ranch Ln

City

Richmond

State

TX

Zip Code

77407-5477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-49

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Eric K Elliott

Mailing Address 7402 Swan Ranch Ln

City

Richmond

State

TX

Zip Code

77407-5477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-130

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : 20151208143140-85

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : 2016010711430-51

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Alan E Freedlund

Mailing Address 746 S River Rd

City

Naperville

State

IL

Zip Code

60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : 20151208143140-160

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

62.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan E Freedlund

Mailing Address 746 S River Rd

City
Naperville

State Zip Code
IL 60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-171

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. Valery E Gallagher

Mailing Address 14334 Spring Meadow Ct

City
Libertyville

State Zip Code
IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2356.18

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-91

Amount of Each Receipt this Period

92.80

Full Name (Last, First, Middle Initial)

c. Valery E Gallagher

Mailing Address 14334 Spring Meadow Ct

City
Libertyville

State Zip Code
IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2356.18

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-60

Amount of Each Receipt this Period

92.80

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

197.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-164

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Cynthia L Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-168

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John J Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-114

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John J Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-83

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Arthur J Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1647.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-117

Amount of Each Receipt this Period

63.67

Full Name (Last, First, Middle Initial)

c. Arthur J Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1647.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-85

Amount of Each Receipt this Period

63.67

SUBTOTAL of Receipts This Page (optional)..... ►

137.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy W Gillum

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-82

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Amy W Gillum

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-50

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ralph L Glover

Mailing Address 1115 Westberry Ct

City

Lake Zurich

State

IL

Zip Code

60047-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-121

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralph L Glover

Mailing Address 1115 Westberry Ct

City	State	Zip Code
Lake Zurich	IL	60047-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-90

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joseph P Gomes

Mailing Address 648 Cameron Dr

City	State	Zip Code
Antioch	IL	60002-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Therapeutic Area, SS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-140

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Joseph P Gomes

Mailing Address 648 Cameron Dr

City	State	Zip Code
Antioch	IL	60002-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Therapeutic Area, SS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-110

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1591.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-122

Amount of Each Receipt this Period

61.54

Full Name (Last, First, Middle Initial)

B. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1591.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-91

Amount of Each Receipt this Period

61.54

Full Name (Last, First, Middle Initial)

C. Richard W Hotzfeld

Mailing Address 1711 Charity Dr

City

Brentwood

State

TN

Zip Code

37027-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Nat'l Accts-GPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-31

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard W Hotzfeld

Mailing Address 1711 Charity Dr

City

Brentwood

State

TN

Zip Code

37027-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Nat'l Accts-GPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-143

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Richard J Houge

Mailing Address 5735 N Bay Ridge Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-145

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Richard J Houge

Mailing Address 5735 N Bay Ridge Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-114

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A Johnson

Mailing Address 31385 W Somerset Cir

City	State	Zip Code
Libertyville	IL	60048-4886

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-112

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Robert A Johnson

Mailing Address 31385 W Somerset Cir

City	State	Zip Code
Libertyville	IL	60048-4886

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-84

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Julie L Junkin

Mailing Address 932 Wilmette Ter

City	State	Zip Code
Lake Zurich	IL	60047-2162

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-47

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie L Junkin

Mailing Address 932 Wilmette Ter

City

Lake Zurich

State

IL

Zip Code

60047-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-128

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Andrew W Kamai

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-131

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Andrew W Kamai

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-101

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter J Karas

Mailing Address 415 E Hillside Ave

City

Barrington

State

IL

Zip Code

60010-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-50

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Peter J Karas

Mailing Address 415 E Hillside Ave

City

Barrington

State

IL

Zip Code

60010-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-131

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Omar H Khalil

Mailing Address 821 Windsor Rd

City

Glenview

State

IL

Zip Code

60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-59

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Omar H Khalil

Mailing Address 821 Windsor Rd

City
Glenview

State
IL

Zip Code
60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-32

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Helena M Klumpp

Mailing Address 2308 Isabella St

City
Evanston

State
IL

Zip Code
60201-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-115

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Helena M Klumpp

Mailing Address 2308 Isabella St

City
Evanston

State
IL

Zip Code
60201-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-86

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Kotz

Mailing Address 9401 Greenhaven Ct

City	State	Zip Code
Bakersfield	CA	93311-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-148

Amount of Each Receipt this Period

7.98

Full Name (Last, First, Middle Initial)

B. Timothy P LawrenceMailing Address 1175 Museum Blvd
Unit 210

City	State	Zip Code
Vernon Hills	IL	60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2124.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-141

Amount of Each Receipt this Period

82.69

Full Name (Last, First, Middle Initial)

C. Timothy P LawrenceMailing Address 1175 Museum Blvd
Unit 210

City	State	Zip Code
Vernon Hills	IL	60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2124.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-111

Amount of Each Receipt this Period

82.69

SUBTOTAL of Receipts This Page (optional)..... ►

173.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary F Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
 Atlanta GA 30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-45

Amount of Each Receipt this Period

16.71

Full Name (Last, First, Middle Initial)

B. Mary F Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
 Atlanta GA 30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-100

Amount of Each Receipt this Period

16.71

Full Name (Last, First, Middle Initial)

C. Kelli Lester

Mailing Address 3623 Stanford Cir

City State Zip Code
 Falls Church VA 22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-14

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

78.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 69

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelli Lester

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-13

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Letteri

Mailing Address 1363 San Mateo Dr

City

Punta Gorda

State

FL

Zip Code

33950-6362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

MARS Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-96

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Letteri

Mailing Address 1363 San Mateo Dr

City

Punta Gorda

State

FL

Zip Code

33950-6362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

MARS Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-68

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott P Luce

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hospital Products

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-43

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Scott P Luce

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hospital Products

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-155

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Glen A Lyles

Mailing Address PO Box 1316

City

Shelby

State

MS

Zip Code

38774-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Manufacturing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-166

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen A Lyles

Mailing Address PO Box 1316

City	State	Zip Code
Shelby	MS	38774-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-160

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jack Maniko

Mailing Address 6625 Barnaby St NW

City	State	Zip Code
Washington	DC	20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-15

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Jack Maniko

Mailing Address 6625 Barnaby St NW

City	State	Zip Code
Washington	DC	20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-14

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael E Martin

Mailing Address 10680 Red Leaf Cir

City	State	Zip Code
Village Of Lakewoo	IL	60014-4852

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-103

Amount of Each Receipt this Period

22.84

Full Name (Last, First, Middle Initial)

B. Michael E Martin

Mailing Address 10680 Red Leaf Cir

City	State	Zip Code
Village Of Lakewoo	IL	60014-4852

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-69

Amount of Each Receipt this Period

22.84

Full Name (Last, First, Middle Initial)

C. Jeanne K Mason

Mailing Address 1760 Duffy Ln

City	State	Zip Code
Bannockburn	IL	60015-1512

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-89

Amount of Each Receipt this Period

20.04

SUBTOTAL of Receipts This Page (optional)..... ►

65.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne K Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-58

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. Daniel S McRae

Mailing Address 2965 Redding Rd NE

City

Brookhaven

State

GA

Zip Code

30319-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Region Manager, Dose Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-33

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Daniel S McRae

Mailing Address 2965 Redding Rd NE

City

Brookhaven

State

GA

Zip Code

30319-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Region Manager, Dose Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-145

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-127

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-96

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Donna Ann Meyer

Mailing Address 614 Vista Falls Rd

City State Zip Code
Mills River NC 28759-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-172

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna Ann Meyer

Mailing Address 614 Vista Falls Rd

City	State	Zip Code
Mills River	NC	28759-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-166

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mark R NailMailing Address 8217 Monterra Ranch Dr
Apt 1203

City	State	Zip Code
Fort Worth	TX	76177-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-92

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mark R NailMailing Address 8217 Monterra Ranch Dr
Apt 1203

City	State	Zip Code
Fort Worth	TX	76177-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-61

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chad L Ness

Mailing Address 343 Park Ave
7E

City State Zip Code
Highland Park IL 60035-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-76

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Chad L Ness

Mailing Address 343 Park Ave
7E

City State Zip Code
Highland Park IL 60035-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-42

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Gwen E Nielsen

Mailing Address 909 Hobson Dr

City State Zip Code
Buffalo Grove IL 60089-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-120

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gwen E Nielsen

Mailing Address 909 Hobson Dr

City

Buffalo Grove

State

IL

Zip Code

60089-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-89

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Robert L Parkinson

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-143

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C. Robert L Parkinson

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-116

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J Pasternak

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-65

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Timothy J Pasternak

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-40

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Thomas J Progar

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-23

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J Progar

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-135

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joseph A Pudlo

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-25

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Joseph A Pudlo

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-137

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip D Rackliffe

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 04 / 2015

Transaction ID : 20151208143140-95

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Philip D Rackliffe

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-64

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Christopher A Rappa

Mailing Address 1211 Deer Trail Ln

City

Libertyville

State

IL

Zip Code

60048-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

12 / 18 / 2015

Transaction ID : 2016010711430-52

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. G. Joseph Ray

Mailing Address 1677 Greene Ridge Dr

City

Naperville

State

IL

Zip Code

60565-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-157

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. G. Joseph Ray

Mailing Address 1677 Greene Ridge Dr

City

Naperville

State

IL

Zip Code

60565-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-174

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Linwood Riddick

Mailing Address PO Box 7441

City

Princeton

State

NJ

Zip Code

08543-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director of Marketing, Home He

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-80

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 53 OF 69
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linwood Riddick

Mailing Address PO Box 7441

City State Zip Code
Princeton NJ 08543-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Director of Marketing, Home He

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2015

Transaction ID : 2016010711430-56

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Crystal A Riley

Mailing Address 10210 Angora Dr

City State Zip Code
Cheltenham MD 20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 04 2015

Transaction ID : 20151208143140-19

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Crystal A Riley

Mailing Address 10210 Angora Dr

City State Zip Code
Cheltenham MD 20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2015

Transaction ID : 2016010711430-18

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fredrick D Ruda

Mailing Address 1316 Ashland Ave

City State Zip Code
 Wilmette IL 60091-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : 20151208143140-30

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Fredrick D Ruda

Mailing Address 1316 Ashland Ave

City State Zip Code
 Wilmette IL 60091-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : 2016010711430-142

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Bela Sastry

Mailing Address 9504 Tuba Ct

City State Zip Code
 Vienna VA 22182-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : 20151208143140-20

Amount of Each Receipt this Period

84.62

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bela Sastry

Mailing Address 9504 Tuba Ct

City State Zip Code
 Vienna VA 22182-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.48

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-19

Amount of Each Receipt this Period

84.62

Full Name (Last, First, Middle Initial)

B. Eric A Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-128

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Eric A Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-97

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David P Scharf

Mailing Address 931 Oak St

City
WinnetkaState
ILZip Code
60093-2440FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3337.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : 20151208143140-75

Amount of Each Receipt this Period

128.85

Full Name (Last, First, Middle Initial)

B. David P Scharf

Mailing Address 931 Oak St

City
WinnetkaState
ILZip Code
60093-2440FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3337.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : 2016010711430-41

Amount of Each Receipt this Period

128.85

Full Name (Last, First, Middle Initial)

C. Joseph V Schwan

Mailing Address 1414 Laburnum St

City
McLeanState
VAZip Code
22101-2523FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, GAPP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : 20151208143140-130

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

267.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph V Schwan

Mailing Address 1414 Laburnum St

City	State	Zip Code
McLean	VA	22101-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, GAPP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-99

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City	State	Zip Code
Marion	NC	28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supt, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-173

Amount of Each Receipt this Period

15.31

Full Name (Last, First, Middle Initial)

c. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City	State	Zip Code
Marion	NC	28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supt, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-157

Amount of Each Receipt this Period

13.78

SUBTOTAL of Receipts This Page (optional)..... ►

39.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy L Shaw

Mailing Address 1351 Grey Wolf Dr

City State Zip Code
 Collierville TN 38017-8651

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director Supply Chain GLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-176

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Timothy L Shaw

Mailing Address 1351 Grey Wolf Dr

City State Zip Code
 Collierville TN 38017-8651

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director Supply Chain GLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-175

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori E Sims

Mailing Address 66 Cooper Dr

City State Zip Code
 Glastonbury CT 06033-1020

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-110

Amount of Each Receipt this Period

28.85

SUBTOTAL of Receipts This Page (optional)..... ►

48.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori E Sims

Mailing Address 66 Cooper Dr

City State Zip Code
 Glastonbury CT 06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-72

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

B. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City State Zip Code
 Wilmette IL 60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation VP, Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-116

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City State Zip Code
 Wilmette IL 60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation VP, Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-87

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

68.85

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

Baxter Healthcare Corporation Political Action Committee

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 69
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah G Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

484.62

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-71

Amount of Each Receipt this Period

18.75

Full Name (Last, First, Middle Initial)

B. Michael E Stallard

Mailing Address 3512 Jal PI NW

City

Albuquerque

State

NM

Zip Code

87120-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion Systems Sales Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Michael E Stallard

Mailing Address 3512 Jal PI NW

City

Albuquerque

State

NM

Zip Code

87120-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion Systems Sales Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-141

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

38.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kris C Steelman

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-5

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kris C Steelman

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-4

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Elizabeth F Stoll

Mailing Address 3014 Greendale Dr NW

City

Atlanta

State

GA

Zip Code

30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Sovt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.30

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-17

Amount of Each Receipt this Period

13.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth F Stoll

Mailing Address 3014 Greendale Dr NW

City State Zip Code
 Atlanta GA 30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Sovt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.30

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-16

Amount of Each Receipt this Period

13.34

Full Name (Last, First, Middle Initial)

B. Russell Thompson

Mailing Address 742 Hibbens Grant Blvd

City State Zip Code
 Mt Pleasant SC 29464-8236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2015

Transaction ID : 20151208143140-142

Amount of Each Receipt this Period

12.91

Full Name (Last, First, Middle Initial)

C. Russell Thompson

Mailing Address 742 Hibbens Grant Blvd

City State Zip Code
 Mt Pleasant SC 29464-8236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : 2016010711430-112

Amount of Each Receipt this Period

12.91

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

39.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric C Walker

Mailing Address 1082 Lee Road 368

City
Valley

State
AL

Zip Code
36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-24

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Eric C Walker

Mailing Address 1082 Lee Road 368

City
Valley

State
AL

Zip Code
36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-136

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. John Alan Weiler

Mailing Address 3686 Blankenship Dr

City
Morganton

State
NC

Zip Code
28655-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Plant Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-174

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Alan Weiler

Mailing Address 3686 Blankenship Dr

City

Morganton

State

NC

Zip Code

28655-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Plant Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-158

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Westerkamp

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-150

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas Westerkamp

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-118

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy White

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-167

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Timothy White

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-173

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City

Amarillo

State

TX

Zip Code

79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-113

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City	State	Zip Code
Amarillo	TX	79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-82

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City	State	Zip Code
Wadsworth	IL	60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance-Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : 20151208143140-61

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City	State	Zip Code
Wadsworth	IL	60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance-Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 2016010711430-26

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City

Lincolnshire

State

IL

Zip Code

60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : 20151208143140-22

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City

Lincolnshire

State

IL

Zip Code

60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : 2016010711430-134

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

4413.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Steven Hawley

Mailing Address 69 Ellicott Avenue

City	State	Zip Code
Batavia	NY	14020

Purpose of Disbursement
Uncashed 6/26/2015 contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : DB1DE5568F7E176E6DD

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

B. Ortt for State Senate

Mailing Address P.O. Box 1279

City	State	Zip Code
North Tonawanda	NY	14120

Purpose of Disbursement
Uncashed 6/26/2015 contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : 195EE7257735CCED6DB

Amount of Each Disbursement this Period

-750.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1000.00

-1000.00
